

Table 66: Clinical evidence profile: self-management support and delivery system design interventions versus control

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combined SMS/DSD interventions versus control	Control	Relative (95% CI)	Absolute		
Adherence - short/medium-term (follow-up 5-8 weeks)												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	79/79 (100%)	94.3%	RR 1.06 (1 to 1.12)	57 more per 1000 (from 0 more to 113 more)	⊕⊕⊕⊕ HIGH	
Daily hours of hearing aid use - long-term (follow-up ≥1 year; Better indicated by higher values)												
2	randomised trials	no serious risk of bias	serious ¹	no serious indirectness	very serious ²	none	33	36	-	MD 0.04 higher (0.64 lower to 0.73 higher)	⊕○○○ VERY LOW	
Daily hours of hearing aid use - short/medium-term (follow-up 0–12 months; Better indicated by higher values)												
9	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	266	268	-	MD 0.19 higher (0.01 lower to 0.4 higher)	⊕⊕⊕⊕ HIGH	
Quality of life - long-term (follow-up ≥1 year; Better indicated by higher values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	33	36	-	MD 0.32 higher (0.17 lower to 0.8 higher)	⊕⊕⊕○ MODERATE	
Quality of life - short/medium-term (follow-up 0–12 months; Better indicated by higher values)												
8	randomised trials	serious ³	no serious inconsistency	no serious indirectness	no serious imprecision	none	257	273	-	SMD 0.02 higher (0.15 lower to 0.19 higher)	⊕⊕⊕○ MODERATE	
Self-reported hearing handicap - long-term - Activate - symptoms (follow-up ≥1 year; Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	33	36	-	MD 0.11 lower (6.02 lower to 5.80 higher)	⊕⊕⊕○ MODERATE	
Self-reported hearing handicap - long-term - Activate - psychosocial (follow-up ≥1 year; Better indicated by lower values)												
1	randomised trials	serious ³	no serious inconsistency	no serious indirectness	serious ²	None	9	10	-	MD 8.30 lower (13.72 to 2.88 lower)	⊕⊕○○ LOW	
Self-reported hearing handicap - short/medium-term (follow-up 0–12 months; Better indicated by lower values)												
14	randomised trials	serious ³	serious ¹	no serious indirectness	no serious imprecision	None	332	349	-	SMD 0.26 lower (0.5 to 0.02 lower)	⊕⊕○○ LOW	

Hearing aid benefit - long-term (follow-up ≥1 year; Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	33	36	-	MD 0.3 higher (0.02 to 0.58 higher)	⊕⊕⊕O MODERATE	
Hearing aid benefit - short/medium-term (follow-up 0–12 months; Better indicated by lower values)												
7	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	185	176	-	SMD 0.1 higher (0.15 lower to 0.36 higher)	⊕⊕⊕⊕ HIGH	
Use of verbal communication strategy - long-term (follow-up ≥1 year; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious ⁴	serious ²	none	16	18	-	MD 0.3 higher (0.2 lower to 0.8 higher)	⊕⊕OO LOW	
Use of verbal communication strategy - short/medium-term (follow-up 0–12 months; Better indicated by higher values)												
4	randomised trials	serious ¹	no serious inconsistency	serious ²	serious ⁴	none	110	113	-	MD 0.45 higher (0.15 to 0.74 higher)	⊕OOO VERY LOW	

¹ Downgraded by 1 or 2 increments because the point estimate varies widely across studies and I²>50%, unexplained by subgroup analysis.

² Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs

³ Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

⁴ Downgraded by 1 increment because of lack of a global measure of communication